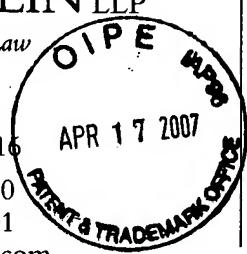


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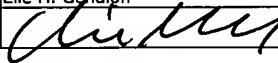
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April 17, 2007

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Via Express Mail
(EV 725833619 US)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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"Express Mail" mailing label No.	EV 725833619 US
Date of Deposit:	April 17, 2007
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Name:	Elie H. Gendloff
Signature:	

Re: U.S. Utility Patent Application No. 10/501,628
 Title: MUTATIONS CAUSED BY ACTIVATION-INDUCED
 CYTIDINE DEAMINASE
 Inventors: Alberto Martin and Matthew D. Scharff
 Our Files: 96700/905

Dear Sir:

Pursuant to our receipt of an Office Action dated March 26, 2007 in connection with the above-identified application, enclosed please find the following documents for filing a reply in the names of Alberto Martin and Matthew D. Scharff, entitled MUTATIONS CAUSED BY ACTIVATION-INDUCED CYTIDINE DEAMINASE, comprising the following:

1. an "Amendment and Reply to Restriction Requirement" (11 pages);
2. an International Search Report (3 pages plus cover page) citing three references of the international phase of the above-identified application, PCT/US03/01149;
3. a Fee Transmittal Form PTO/SB/17 (1 page);

Commissioner for Patents
Alexandria, VA 22313-1450
Mail Stop Amendment
Application Serial No. 10/501,628

-2-

April 17, 2007

4. a supplemental Information Disclosure Statement, Form PTO/SB/08A (1 page), with three references cited therein, the non-U.S. patent publication is also attached thereto (the three references are cited in the attached International Search Report);
5. an Amster Rothstein & Ebenstein LLP check in the amount of \$1,350 to cover the 27 excess claims not already paid for; and
6. a return receipt postcard.

Please acknowledge receipt of the enclosed documents by stamping the enclosed postcard and returning same.

Respectfully submitted,

Amster, Rothstein & Ebenstein LLP
Attorneys for Applicants
90 Park Avenue
New York, NY 10016
212-336-8000

Dated: New York, New York
April 17, 2007

By: Elie Gendloff
Elie Gendloff
Registration No. 44,704

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,350.00)

Complete if Known

Application Number	10/501,628
Filing Date	November 22, 2004
First Named Inventor	Alberto Martin
Examiner Name	Kimberly A. Makar, Ph.D.
Art Unit	1636
Attorney Docket No.	96700/905

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 01-1785 Deposit Account Name: Amster Rothstein & Ebenstein LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
- 20 or HP =	27	x 50	= \$1,350 (extra claims not already paid for)	Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =		x	=		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
			Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(round up to a whole number) x	=

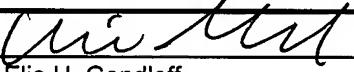
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,704	Telephone	(212) 336-8000
Name (Print/Type)	Elie H. Gendloff			Date	April 17, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.